

**Mail  
Results  
To**

**STOP: DETACH SLIP AT TOP BEFORE COMPLETING UNSHADED AREAS**

Laboratory Results	
<b>Bacteriological Interpretation</b>	
<input type="checkbox"/> <b>Safe</b> (Coliform Absent)	
<input type="checkbox"/> <b>Unsafe</b> (Coliform Present) and:	
<input type="checkbox"/> <b>Fecal/E Coli Present</b>	<input type="checkbox"/> <b>Fecal/E Coli Absent</b>
<input type="checkbox"/> <b>Invalid</b> (Submit another Sample)	
<input type="checkbox"/> <b>Old - OL</b>	<input type="checkbox"/> <b>Frozen - FR</b>
<input type="checkbox"/> <b>Overgrown - OG</b>	<input type="checkbox"/> <b>Lab Accident - LA</b>
<input type="checkbox"/> <b>Turbidity - TU</b>	<input type="checkbox"/> <b>Shipping Problem - SP</b>
<input type="checkbox"/> <b>Chlorine Present - CL</b>	
<b>Nitrate:</b> _____ <b>mg/L as N</b> <b>Fluoride:</b> _____ <b>mg/L</b>	
<b>Date/Time Received</b>	<b>Lab. Sample No.</b>
<b>Date Reported</b>	

<b>WATER QUALITY TEST</b>	Form 3300-77
Department of Natural Resources	(R 12/00)

## First Water Quality Test Form (3300-77)

All new, replacement, or reconstructed wells must be tested for bacteriological safety.

Fill out the form down to the shaded areas. You may use the Other Tests or Comments shaded area if you need to. Fill in all requested information.

When completed, print this form out and send it to a certified laboratory along with your sample.

You must collect a bacteriological sample for this well. A nitrate, fluoride, atrazine or other tests are optional, although the Wisconsin Groundwater Coordinating Council has endorsed a recommendation to take a nitrate sample in addition to bacteria.

Collect your sample just prior to mailing or bringing it to the laboratory. Bacteriological samples have shorter holding time requirements which should not be exceeded.

### Form Fields Help:

**Property Owner:** Enter the last name, a coma, followed by the first name. If there is no person and it is a business or facility, enter the full business or facility name.